	Complete if Known
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number: 10/525,287-Conf. #7762
FEE TRANSMITTAL **For FY 2009**	Filing Date: February 18, 2005
	First Named Inventor: Tsuneo Maruyama
	Examiner Name: W. C. Joyce
[ ] Applicant claims small entity status. See 37 CFR 1.27	Art Unit: 3656
TOTAL AMOUNT OF PAYMENT ($) 130.00	Attorney Docket No.: 09852/0202546-US0

METHOD OF PAYMENT (check all that apply)

[ ] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[x] Deposit Account   Deposit Account Number: 04-0100   Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

  [x] Charge fee(s) indicated below   [ ] Charge fee(s) indicated below, except for the filing fee

  [x] Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   [x] Credit any overpayments
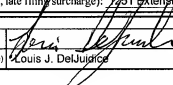
FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
21 - 27 or HP =	_____	x _____ = _____		Fee ($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
5 - 7 or HP =	_____	x _____ = _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 = _____	/50 = _____ (round up to a whole number) x _____ = _____			

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	130.00

SUBMITTED BY

Signature		Registration No (Attorney/Agent) 47,522	Telephone (212) 527-7700
Name (Print/Type) Louis J. DelJudice		Date April 17, 2009	

Express Mail Label No. _____   Dated: _____

AMENDMENT TRANSMITTAL LETTER			Docket No. 09852/0202546-US0
Application No. 10/525,287-Conf. #7762	Filing Date February 16, 2005	Examiner W. C. Joyce	Art Unit 3656

Applicant(s): Tsuneo Maruyama et al.

Invention: ROTATION TRANSMISSION MEMBER, ROTATION TRANSMISSION ASSEMBLY, AND GEAR MECHANISM

TO THE COMMISSIONER FOR PATENTS

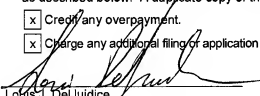Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	21	- 27 =		x		
Independent Claims	5	- 7 =		x		
Multiple Dependent Claims (check if applicable)			☐			
Other fee (please specify): Extension for response within first month					130.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					130.00	

[x] Large Entity ☐ Small Entity

☐ No additional fee is required for this amendment.

[x] Please charge Deposit Account No. ___04-0100___ in the amount of $ ___130.00___.
~~A duplicate copy of this sheet is enclosed.~~

☐ A check in the amount of $ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. ~~Form PTO-2038 is attached.~~

[x] The Director is hereby authorized to charge and credit Deposit Account No. ___04-0100___ as described below. A duplicate copy of this sheet is enclosed.

　[x] Credit any overpayment.

　[x] Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: ___April 17, 2009___

/Louis J. DelJuidice/
Louis J. DelJuidice
Attorney/Agent Reg. No.: 47,522

DARBY & DARBY P.C.
P.O. Box 770
Church Street Station
New York, New York 10008-0770
(212) 527-7700

Express Mail Label No. _____ Dated: _____